Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |              |                                  |                              |                  |       | SMALL ENTITY TYPE |                        |       | OTHER THAN          |                        |
|--|--|---|--------------|----------------------------------|------------------------------|------------------|-------|-------------------|------------------------|-------|---------------------|------------------------|
| TOTAL CLAIMS   |  |   | w            |                                  |                              |                  | Γ     | RATE              | FEE                    | 1     | RATE                | FEE                    |
| FOR  |  |   | NUMBER FILED |                                  | NUMBER EXTRA                 |                  | В     | ASIC FEE          | 375.00                 | OR    | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | てり minus 20= |                                  | *                            |                  |       | X\$ 9=            |                        | OR    | X\$18=              |                        |
| INDEPENDENT CLAIMS   |  |   | て minus 3 =  |                                  | *                            |                  | T     | X42=              |                        | OR    | X84=                |                        |
| MU   | LTIPLE DEPEN                                   | IDENT CLAIM P                             | RESENT       |                                  |                              |                  | ſ     | +140=             |                        | OR    | +280=               |                        |
| * If   | the difference                                 | in column 1 is                            | less than ze | than zero, enter "0" in column 2 |                              |                  | L     | TOTAL             | 271.                   | OR    | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II  |  |   |              |                                  |                              |                  |       |                   |                        |       | OTHER               | THAN                   |
| _  |  | (Column 1)                                |              | (Colur                           |                              | (Column 3)       | SMALL | MALL ENTITY       |                        | SMALL | ENTITY              |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID    | BER<br>OUSLY                 | PRESENT<br>EXTRA |       | RATE              | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus        | **                               |                              | =                | L     | X\$ 9=            |                        | OR    | X\$18=              |                        |
| AME  | Independent                                    | *   | Minus ***    |                                  | F CL AMA                     | -                |       | X42=              |                        | OR    | X84=                |                        |
| -  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL    |   |              |                                  |                              |                  |       | +140=             |                        | OR    | +280=               |                        |
|  |  |   |              |                                  |                              |                  |       |                   |                        | OR    | TOTAL<br>ADDIT: FEE |                        |
|  |  | (Column 1)                                |              | (Colu                            | mn 2)                        | (Column 3)       | AL    | DDIT. FEE         |                        | •     | AUUII. FEE          |                        |
| [m   |  | CLAIMS<br>REMAINING                       |              | HIGH                             | EST                          |                  | Г     | _                 | ADDI-                  |       |                     | ADDI-                  |
| AMENDMENT B  |  | AFTER<br>AMENDMENT                        |              | PREVI<br>PAID                    | OUSLY                        | PRESENT<br>EXTRA |       | RATE              | TIONAL<br>FEE          |       | RATE                | TIONAL<br>FEE          |
| Š  | Total  | *   | Minus        | **                               |                              | =                |       | X\$ 9=            |                        | OR    | X\$18=              |                        |
| AME  | Independent                                    | *<br>NTATION OF M                         | Minus        | ***                              | F.CL AIM                     | -                | Γ     | X42=              |                        | or    | X84=                |                        |
| -  | I INOT FILL                                    | INTATION OF M                             | OCTIFICE DE  | LINDLIN                          | CLAIN                        |                  | T     | +140=             |                        | OR    | +280=               |                        |
|  |  |   |              |                                  |                              |                  |       | TOTAL             |                        | OR    | TOTAL               |                        |
|  |  | (Column 1)                                |              | (Colu                            | mn 2)                        | (Column 3)       | AL    | DDIT. FEE         |                        |       | ADDIT. FEE          |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | PREVI                            | IEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |       | RATE              | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus        | **                               |                              | =                | ΙГ    | X\$ 9=            |                        | OR    | X\$18=              |                        |
|  | Independent                                    | *   | Minus        | ***                              |                              | =                | 1     | X42=              |                        | 0.0   | X84=                |                        |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                                  |                              |                  |       | ~                 |                        | OR    |                     |                        |
| 1.   |  |   |              |                                  |                              |                  | L     | +140=             |                        | OR    | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE                             |  |   |              |                                  |                              |                  |       |                   |                        | or    | TOTAL<br>ADDIT, FEE |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |              |                                  |                              |                  |       |                   |                        |       |                     |                        |